

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-4131



February 9, 1983

ALL-COUNTY INFORMATION NOTICE NO. 1-18-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: EMPLOYMENT SERVICES PROVIDERS' CIU-REFERRAL FORM

REFERENCE: MPP SECTION 69-205.5; ALL COUNTY LETTERS NO. 82-07, 82-66 and 82-129

This notice is being issued to transmit a camera-ready copy of the above-referenced referral form (Form RS 3). This form should be used to make mandatory referrals of Refugee Cash Assistance/Entrant Cash Assistance (RCA/ECA) applicants and recipients who are not exempt from the registration, employment, and training requirements to DSS-funded Central Intake Units (CIU's) which coordinate the delivery of employment services in accordance with instructions issued in All-County Letter No. 82-66, dated July 8, 1982. The DSS-Funded Employment Service Providers have been designated as appropriate employment or training opportunities for purposes of MPP Section 69-205.5.

Form RS 3 should be available in the State Warehouse in mid-February in four-part carbon; however, the County may choose to reproduce the form locally. If the County has developed its own referral form, a copy should be submitted to the State Department of Social Services, Office of Refugee Services, 744 P Street, M/S 9-111, Sacramento, CA 95814, for review and approval prior to implementation.

AFDC eligible refugees/entrants must comply with the AFDC Program EDD registration system; therefore, Form RS 3 should not be used to refer AFDC applicants or recipients to DSS-Funded CIU's. At this time, AFDC applicants or recipients may only be referred to DSS-Funded CIU's on a voluntary basis.

Questions regarding AFDC Program work registration requirements should be directed to your AFDC Program Consultant at (916) 445-4458. Questions regarding RCA/ECA work registration/training requirements should be directed to your office of Refugee Services' CWD Operations Bureau Consultant at (916) 322-3141 or (415) 557-8588, as appropriate.

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. E. Reich', written in a cursive style.

R. E. REICH
Chief Deputy Director

cc: CWDA
ORR-SF

Attachment

**EMPLOYMENT SERVICES PROVIDER'S CIU--
REFERRAL FORM**

ADDRESS OF COUNTY WELFARE DEPARTMENT

TELEPHONE NO.: () --

DISTRIBUTION:

Original Copy : Client
1st Copy : Employment Services Provider's CIU
2nd Copy : Return to County Welfare Department When Notification is Required
3rd Copy : County Welfare Department

You are required to report to the employment services provider's CIU before you can be eligible for cash assistance.

Please take this form to the following employment services provider's CIU within _____ working days of the date of this form and return to your eligibility worker with validated original:

EMPLOYMENT SERVICES PROVIDER'S CIU ADDRESS

TELEPHONE NO.: () --

☐ Individual reported to employer services provider's CIU as required.

AUTHORIZED SIGNATURE

DATE

DATE OF ENTRY

COUNTY USE ONLY

CASE NAME

INDIVIDUAL'S NAME

CASE NUMBER

ALIEN NUMBER

A -

ELIGIBILITY WORKER

DATE

COMMENTS:

EMPLOYMENT SERVICES PROVIDER'S CIU USE ONLY

In the event the above named individual has failed to cooperate with the employment services provider/CIU or has completed participation in the training program, please complete the 1st and 2nd copies and return the 2nd copy to the county welfare department addressed above.

Reason for notification to the county welfare department:

☐ Completed Participation in Training Program

☐ Other (Non-cooperation, Etc.) (Explain) _____

AUTHORIZED SIGNATURE

DATE

COMMENTS: